

ISSUE SLIP STATE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>me</i>		10/01/01
O.I.P.E. CLASSIFIER		49	10/5/01
FORMALITY REVIEW	BZ	TC3-883	10-24-01
RESPONSE FORMALITY REVIEW	HA	888	01/15/02

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final Original	
1	4/03/03
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If more than 150 claims or 10 actions
staple additional sheet here

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1-401
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1-1-02